Town of Spencer Sewer Department
90 N West Street
Spencer, Indiana 47460
Phone (812) 829-3213

Application for Adjustment of Sewer Bill for Swimming Pools

This form is to be used only for the purpose set forth and authorized by Chapter 50, §50.089

This application must be submitted before August 15 of the calendar year in which the credit is sought. Applications filed after the 15th day of August will be considered untimely filings and will not be considered for credit. The allowable fill time frame for credit is between the 1st day of May up to and including the 31st day of July of any calendar year in which the credit is sought. However, if this is a first time fill, it can be filled at any time during the calendar year.

There shall be only one credit per swimming pool per parcel of land in any calendar year.

No water shall be discharged from a swimming pool into a Spencer Municipal Sewer System.

Name:		
Address:	City, State:	Zip:
Phone Number (day)	Phone Number (evening)	
Service Address (if different than above):		
Sewer Service Account Number:	Sewer Meter #	Date of Fill:
Size of Swimming Pool in Gallons:	Water Meter Read before fill: **(MUST BE READ AND COMPLETED BY APPLICANT IN ORDER TO RECEIVE CREDIT)**	Water Meter Read after fill: **(MUST BE READ AND COMPLETED BY APPLICANT IN ORDER TO RECEIVE CREDIT)**
Have you previously applied for a credit on this pool this year? ☐ YES ☐ NO		
Applicant please use this space for additional explanation/comments:		
I AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE FOREGOING REPRESENTATIONS ARE TRUE AND CORRECT.		

Signature:	Date:
Printed Name:	

Office Use Only

Date application received: _____	Permit Fee $_____ Cash ☐ Check ☐ #_____ Receipt #_____

Computation:

1. Water meter read after fill (Gallons) _____ ▪ _____Water meter read before fill (Gallons)= _____Gallons

2. _____Gallons @ $_____per 1,000 gallons = $_____ plus late fee $_____=$_____ adjustment
                                                                                                    requested

Adjustment:
    ☐ **Approved:**   ☐**Denied**
        Date Approved: _____
        Amount Approved:_____
        Date Adjustment entered on computer:_____